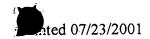
| SERIAL NUMBER | | FILING DATE | CLASS | GROUP AR | T UNIT ATTO | DRNEY DOCKET NO. |
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| DALE E. OLSE | EN, COLUME | IA, MD. | | | | |
| **CONTINUING VERIFIED I | G DOMESTIC | DATA****** L APPLICATIO | ************* NO. 60/109, | ** 974 11/25/ | 98 | |
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| **FOREIGN A | PPLICATION | \S******** | * | | • | |
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| IF REQUIRED | , FOREIGN | FILING LICEN | SE GRANTED 1 | 2/27/99 ** | SMALL ENTIT | Y ** |
| oreign Priority claime 5 USC 119 (a-d) con erified and Acknowle | nditions met [edged |]yes | ter Allowance CO | | TOTAL CLAIR | MS CLAIMS |
| CARLA MAGD THE JOHNS APPLIED PH 11100 JOHN LAUREL MD | HOPKINS UP YSICS LABO S HOPKINS | OFC OF PATENT NIVERSITY ORATORY ROAD | COUNSEL | | <u> </u> | |
| APPARATUS | AND METHO | D FOR TRAININ | G USING A HU | MAN INTERA | CTION SIMULA | TOR |
| FILING FEE RECEIVED \$866 | No. | nority has been g to charge/cre for t | dit DEPOSIT AC | COUNT | All Fees 1.16 Fees (Fil 1.17 Fees (Pr 1.18 Fees (Is: Other Credit | ocessing Ext. of time) sue) |





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| 09/448,617 | 11/23/1999 | 434 | 3713 | | 116-FBI | | | | | | |
| APPLICANT DALE E OLSEN, COLUMBIA, MARYLAND. | | | | | | | | | | | |
| **CONTINUING DOMESTIC DATA*********************************** | | | | | | | | | | | |
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| 1 | O yes O no ns met O yes O no O Met after | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS | | | | | | |
| Allowance Verified and | | MD | 8 | 48 | 9 | | | | | | |
| acknowledged | Examiner's Name Initials | s | | | | | | | | | |
| ADDRESS CARLA MAGDA KRIVAK OFC OF PATENT COUNSEL THE JOHNS HOPKINS UNIVERSITY APPLIED PHYSICS LABORATORY 11100 JOHNS HOPKINS ROAD | | | | | | | | | | | |
| LAUREL , MD 20 | | | | | | | | | | | |
| APPARATUS AND METHOD FOR TRAINING USING A HUMAN INTERACTION SIMULATOR | | | | | | | | | | | |
| FILING FEE RECEIVED No to charge/credit DEPOSIT ACCOUNT NO for the following: \$**866 FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT NO for the following: O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing E Time) O 1.18 Fees (Issue) O Other | | | | | | | | | | | |
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